

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (1) PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 104011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2013
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NAME OF PROVIDER OR SUPPLIER

VINES HOSPITAL

STREET ADDRESS:, CITY, STATE, ZIP CODE

3130 SW 27TH A/E
OCALA, FL 34474

(X9) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X9) COMPLETION DATE
A 000	<p>INITIAL COMMENTS</p> <p>Unannounced compliance survey was conducted on 8/1/13 for complaints, CCR 2013 06384, 2013006833 and 2013007094, at the Vines Hospital, Ocala. There were discernible deficiencies identified during the survey. The facility was not in compliance with 42 CFR 482 as it pertains to this investigation.</p>	A 000		
A 131	<p>482.13(b)(2) PATIENT RIGHTS: INFORMED CONSENT</p> <p>The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care.</p> <p>The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to determine who had authority to determine the care and treatment for one sampled patient #3.</p> <p>The findings include:</p> <p>A review of the closed clinical record for sampled patient #3 revealed she was admitted to the facility on 12/13/12 and discharged on 12/26/12. The patient was 21 years old. The receipt of Notice of Patient Rights/Resident Rights Responsibilities document dated 12/13/12 was unsigned because patient " poor judgement,</p>	A 131	<p>Review of Patient Rights</p> <p>1. Revised admission policy to ensure that it clearly addressed the process to be taken when the patient is unable to participate in the review of patient rights to include:</p> <ul style="list-style-type: none"> • attempt identify a patient representative to review the admission documents with • notify the Nursing Director and Baker Act Liaison via email of patients who are unable to participate in admission consents and review of patient's rights. • The Nursing Director and Baker Act Liaison will follow up to ensure that this information is reviewed with the patient once the patient has stabilized <p>Responsible person: Intake/Admissions Director</p> <p>2. Re-educated Intake Staff on:</p> <ul style="list-style-type: none"> • the process to including the patient's designated representative in the admission process as defined by FSS. • Policy to notify the Nursing Director and the Baker Act Liaison when a patient is unable to sign the rights <p>Responsible Person: Intake/Admissions Director</p>	<p>8/26/13</p> <p>8/28/13</p>

ADJUTANT DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESANTATIVE'S SIGNATURE _____

TITLE

(X6) DATE

Deficiency statement ending with an asterisk (*) denote a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued term participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 104071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/01/2013
NAME OF PROVIDER OR SUPPLIER V NES HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474	

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A 131	Continued From page 1 insight, paranoid, psychotic." The clinical record revealed the patient was given a "Notice of Right to Petition for Writ of Habeas Corpus or for Redress of Grievances" on 12/13/12. A "Certificate of Professional Initiating Involuntary Examination" dated 12/13/12 at 3:00 PM indicated the patient had psychosis NOS and was Baker Acted at the facility. Further review of the record revealed the mother of patient #3 had the patient brought to the facility even though the father of the patient was prepared to care for the patient. A review of the admitting Physicians orders/initial plan of treatment dated 12/13/12 revealed a stat order for Haldol 10 mg IM, Benadryl 50 mg IM and Ativan 1 mg IM for agitation at 3:42 PM. A physician's note dated 12/14/12 stated "please call mom and ask her to be health care proxy and obtain permission from her for medication administration ability 15 mg q morning (mood stabilization psychosis) ambien 10 mg q hs (insomnia). No evidence was found a health care proxy gave permission for the administration of Abilify 15 mg or ambien 10 mg. A physician's order dated 12/14/12 at 8:29 PM ordered Zyprexa 1.0 mg IM/Po, Ativan 2 mg IM/po Benadryl 50 mg IM/po for agitation and aggression". A physician's order on 12/14/12 at 10:00 PM was for Depakote ER 1000 mg at bedtime for Mco stabilization. No evidence this medication was permitted by health care proxy. A physician's order dated 12/15/12 at 9:55 PM increased ability to 20 mg po daily for mood	A 131	3. Re-educate Nursing Director and Baker Act Liaison on the following: <ul style="list-style-type: none"> Notification process of when a patient is not stable enough to clearly understand the rights and admissions consents at the time of admission Requirement to follow up daily on patient to determine when the patient is stable for review of patient rights and admission and review the documents with the patient and obtain the patient's signature/acknowledgment Responsible Person: Intake/Admissions Director Healthcare Proxy: <ul style="list-style-type: none"> Reviewed current policy and procedure on obtaining Healthcare Proxy for patients who have been deemed incompetent Responsible Person: Baker Act Liaison	8/27/13 8/23/13
			2. Re-educate the nursing staff on the process for obtaining healthcare proxy for patient's determined to be incompetent Responsible Person: Baker Act Liaison	8/26/13
			3. Implement a monthly audit process of involuntary admissions (30 cases) to ensure that healthcare proxy have been obtained for patients who are deemed incompetent Responsible Person: Baker Act Liaison	8/29/13

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A 131	<p>Continued From page 2</p> <p>stabilization and psychosis. No evidence was found this increase in medication was approved by a health care proxy.</p> <p>A physician's order dated 12/16/12 at 5:45 AM for "ETO Zyprexa 10 mg, Ativan 2 mg, Benadryl 50 mg IM now for eminent harm to others with CPI hold for administration."</p> <p>Physician order dated 12/17/12 at 8:38 AM for an increase of Depakote ER to 1500 mg at bedtime with the consent of health care proxy. The health care proxy gave consent on 12/17/12 at 5:20 PM.</p> <p>Further review of the clinical record revealed a justification for restraint/seclusion dated 12/13/12 at 4:30 PM for a "danger to self and others" "combative toward staff". A Justification for Restraint/Seclusion was dated 12/14/12 at 1:45 PM for attempting to put hands around staff members neck.</p> <p>A justification for personal restraint was dated 12/16/12 at 5:49 am for hitting and kicking staff with ETO of Zyprexa 10 mg IM, Ativan 2 mg IM and Benadryl 50 mg IM at 5:50 AM. A Vinson hospital Integrated Assessment was dated 12/13/12.</p> <p>Further review of the clinical record revealed that although the facility had deemed the patient was incapable to make decisions regarding her care and treatment and had Baker Acted the patient involuntarily on 12/13/12, the facility had the patient sign informed consent forms for Depakote, Ambien, and Abilify on the same day 12/15/12, the facility signed a document stating the resident was unable to ask questions and receive answers</p>	A 131	<p>Obtaining Medication Consent:</p> <ol style="list-style-type: none"> 1. Reviewed medication consent policy to ensure that the process for obtaining consent from healthcare proxy when a patient has been determined to be incompetent Responsible Person: Nursing Director 2. Conduct education on the requirement that a healthcare proxy must provide consent for medications when a patient has been determined to be incompetent Responsible Person: Nursing Director 3. Implement a monthly auditing process in which the Director of Nursing will conduct a focus review to monitor compliance for obtaining proper consent for medications including both voluntary and involuntary patient records in the review. This will consist of a retro review of 30 discharged charts per month. Oversight of the data will be the Performance Improvement Committee. <p>Petitioning of Court for Involuntary Placement:</p> <ol style="list-style-type: none"> 1. Reviewed Baker Act law and TVH policy for involuntary placement to ensure that the time frame is in compliance to state regulations Responsible Person: Baker Act Liaison 2. Implement a monthly audit process of involuntary admissions (30 cases) to ensure that healthcare proxy have been obtained for patients 	<p>8/26/13</p> <p>8/29/13</p> <p>8/29/13</p> <p>8/27/13</p> <p>8/29/13</p>

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A 131	Continued From page 3 about treatment stating "unable/agitated mental state." Further review of the clinical record revealed though the resident was Baker Acted on 12/13/12 (Thursday) the facility failed to petition the courts for a continued involuntary placement within 72 hours. The 72 hours would have been up on Sunday 12/16/12 however the law gives the facility the next day after a weekend to petition the courts. No evidence the facility petitioned the court before 12/18/12 could be found. A document petitioning the court was found dated 12/18/12.	A 131	who are deemed incompetent Responsible Person: Baker Act Liaison Included in this corrective action plan as evidence of implementation of the plan are: <ul style="list-style-type: none"> • Policy and Procedures • Staff attestations of training • Audit Forms 	

NO. 9226 P. 8

352-387-0767

AUG. 30. 2013 3:36PM